FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 22, 2001 8:00 am **DOCUMENT # 721015** Secretary of State KEY COLONY BEACH COMMUNITY ASSOCIATION, INC. 01-22-2001 90142 036 ****61.25 Principal Place of Business Mailing Address 600 WEST OCEAN DRIVE P.O. BOX 510089 UUUUUUALU KEY COLONY BEACH FL 33057 KEY COLONY BEACH FL 33051 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2796982 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WRIGHT, THOMAS D 9711 OVERSEAS HWY. MARATHON FL 33050 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Change ☐ Addition TITLE Delete TITLE PATERSON, MARILYN 270 975 ST. NAME WOOD, ROGER NAME STREET ADDRESS STREET ADDRESS 641 9TH STREET KEY COLONY BEACH, Fl. 33051-0125 CITY-ST-ZIP CITY-ST-ZIP **KEY COLONY BEACH FL 33051** Change ☐ Addition TITLE **VD** Delete TITLE MAHONEY, CLAUDETTE NAME NAME BUSCH, JOHN 700 1171 55 STREET ADDRESS STREET ADDRESS 59 7TH STREET CITY-ST-ZIP KEY COLONY BEACH FL. 33051-1119 CITY-ST-ZIP **KEY COLONY BEACH FL 33051** TITLE Change Addition Delete TITLE TD TOTTEN, LARRY NAME NAME SCHNEIDER, RON STREET ADDRESS STREET ADDRESS 860 12TH ST. 181 2MD ST. CITY-ST-ZIP KEY COLONY BEACH, FL 33051-0148 CITY-ST-ZIP **KEY COLONY BEACH FL 33051** ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

(325)743-2916

CHZEU37 (10/00